

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-30-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

One unit only of 97140 from 9-29-03 through 10-15-03 and 3-29-04 through 3-31-04; 3 units of 97110 from 9-29-03 through 12-01-03 and 3-31-04 through 4-23-04; 99213 visits on the following dates (10-07-03, 10-15-03, 11-24-03, 12-01-03, 1-21-04 2-3-04 and 2-23-04), 97530 on 12-01-03 and 4-05-04 through 4-23-04 **were found** to be medically necessary. 97010, 97035, G0283, 99354 and additional units of 97140, 97110 and 99213 than those outlined above were **not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Regarding CPT codes 97110 and 97140: only those units denied for medical necessity were reviewed by the IRO.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-8-05, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge.

CPT code 97010 on 9-30-03 was denied as "F" – service not covered. The Trailblazer Local Coverage Determination (LCD) states that code 97010 "is a bundled code and considered an Integral part of a therapeutic procedure(s). Regardless of whether it is billed alone or in conjunction with another therapy code, additional payment will not be made. Payment is included in the allowance for another therapy service/procedure performed. No reimbursement recommended.

The carrier denied CPT Code 99080-73 for date of service 12-02-03 as "Not properly completed or submitted in excess of requirements." Requestor submitted relevant information to support delivery of service. **Recommend reimbursement of \$15.00.**

The carrier denied CPT code 99213 on 3-29-04, 3-31-04, 4-2-04, 4-5-04, 4-7-04, 4-8-04, 4-12-04, 4-14-04, 4-16-04, 4-19-04, 4-21-04 and 4-27-04 as "F" - reduced or denied in accordance with the appropriate fee guidelines and "N" - not appropriately documented. In accordance with Rule 133.307 (g)(3)(A-F), The requester submitted relevant information to support the level of service billed and the carrier did not reimburse partial payment or give a rationale for not doing so.

Recommend reimbursement of \$743.76 (\$61.98 X 12 DOS).

Regarding CPT code 97110 for units that were denied as "fee": Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. **Reimbursement not recommended.**

This Finding and Decision is hereby issued this 3rd day of March 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 9-29-03 through 4-27-04 in this dispute.

This Order is hereby issued this 3rd day of March 2005.

Margaret Ojeda, Supervisor
Medical Dispute Resolution
Medical Review Division

MO:da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

Amended Report of January 18, 2005

November 29, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0394-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ presented to treatment on 9/9/03 with Cody Doyle, DC. According to the records, ___ was attacked on the job by multiple co-workers while lifting an object. He was treated with both active and passive therapies by Dr. Doyle. He was referred for consultation with Zubin Khubchandani, MD for medicinal management. Eventually, Dr. Khubchandani performed a right shoulder arthroscopic procedure including distal clavicular resection, subacromial decompression and labral debridement. The patient also underwent a single ESI with Patrick Cindrich, MD. Dr. Cindrich notes that the patient failed to improve with the injection; therefore, he ordered a cervical CT myelogram. This exam showed degenerative spondylosis from C3/4, C4/5 and C5/6. The records provided do not indicate a full duty return to work at the end of the available treatment records. Although the patient was apparently sent to work, on a light duty basis, from late October through early December of 2003.

Records were received from the requestor. No records were received from the respondent despite requests via phone and fax. Records received from the requestor include the following: Summary of care letter, 10/21/03 narrative report, SOAP notes from 9/22/03 through 4/28/04, operative report of 3/19/04, 1/20/04 through 4/13/04 notes by Zubin Khubchandani, MD, Hillcrest Baptist Medical Center radiological reports of 2/18/04, 1/22/04 note by Patrick Cindrich, MD, Follow up notes from Falls Community Rural Health Clinic, Diagnostic imaging by Advanced Medical Imaging (AMI) of 11/19/03 and 11/20/03, therapeutic notes of 9/29/03 through 4/23/04 and multiple TWCC 73's.

DISPUTED SERVICES

Disputed services include manual therapy, therapeutic exercises, hot/cold packs, office visits, ultrasound, electrical stimulation, prolonged services and therapeutic activities. The Notification of IRO Assignment lists in error that a disputed service is 'reports'; however, the table of disputed service lists a TWCC 73 which is a fee issue not a disputed medical necessity service. Therefore, the code 99080-73 was not reviewed.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services on the following dates: 1 unit only of 97140 from 9/29/03 through 10/15/03 and 3/29/04 through 3/31/04; 3 units of 97110 from 9/29/03 through 12/1/03 and 3/31/04 through 4/23/04, 99213 visits on the following dates (10/7/03, 10/15/03, 11/24/03, 12/1/03, 1/21/04, 2/3/04 and 2/23/04), 97530 on 12/1/03 and 4/5/04 through 4/23/04).

The reviewer agrees with the previous adverse determination regarding all remaining services not specifically mentioned above.

BASIS FOR THE DECISION

Apparently from 9/29/03 through 10/3/03 the carrier paid for two units of 97110 and one unit of 97530. The carrier also paid for 97140 on various visits throughout treatment up to 9/30/03. Due to the lack of records from 9/9/03 through 9/22/03, it is difficult to determine exactly which passive therapies were performed. As per CCI edits, hot/cold packs are not recognized as a separate service; therefore, these codes are found to be not medically necessary. The therapeutic exercise note of 10/27/03 indicates only 15 minutes of therapy and no indication of the reason for this change is noted in the SOAP note of this date. The approved active rehabilitation protocols were approved as per the indications of the Reed Disability Guidelines and the Guidelines of the Council of Chiropractic Physiological Therapeutics and Rehabilitation. The reviewer notes that the patient had shoulder surgery on or about 3/19/04. The reviewer further notes that the standard protocols for this surgical procedure are between four and eight weeks depending on patient response. This provider apparently discontinued rehabilitative services in six weeks, which is reasonable as per the established protocols.

References:

Hartigan, C., L. Miller, and S.C. Liewehr. "Rehabilitation of Acute and Subacute Low Back and Neck Pain in the Work-injured Patient." Orthopedic Clinics of North America 27 4 (1996): 841-860.

Kessler, R.M. Management of Common Musculoskeletal Disorders: Physical Therapy Principles and Methods. Philadelphia: J.B. Lippincott Company, 1990.

Kisner, C., and L. Colby. Therapeutic Exercise Foundations and Techniques. Philadelphia: F.A. Davis Company, 1990.

Malone, Terry R., Thomas McPoil, and Arthur J. Nitz. Orthopedic and Sports Physical Therapy. St. Louis: Mosby, 1997.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director